Department of Labor and Industries PO Box 44324 Olympia WA 98504-4324 1-800-845-2634 (360) 902-6763 TDD (360) 902-5056 FAX (360) 902-5035



REQUEST FOR PREFERRED WORKER STATUS

Employer of Injury (Name and Address) Last Date Worked Job of Injury 1. Request is made that the worker named above be certified as a Preferred Worker. Date Needed 2. I have determined that this worker is permanently precluded from re-employment with the employer of injury for the following reason(s): 3. The worker has permanent physical restrictions as a result of the conditions accepted under this claim. To expedite, check if the following is attached: Current PCE or other medical documentation Ja for new job VRC phone # 4-digit VRC # SVC Provider # Firm provider # Voc Firm Name VRC Signature Date Submitted VRC Name (Please print) Address Preferred Worker's Certification number Begin date City State Zip+4 End date	Worker's Name			Claim Number		
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VRC Name (Please print) For L&I Use Only CPWO Address Preferred Worker's Certification number Begin date	VRC phone #	4-digit VRC #	SVC Provider #	Firm provider #		
Address Preferred Worker's Certification number Begin date	VRC Signature		Date Submitted	Voc Firm Name	Voc Firm Name	
Begin date	VRC Name (Please print)			For L&I Use Only	CPWO	
	Address			Preferred Worker'	Preferred Worker's Certification number	
City State Zip+4 End date				Begin date		
	City	State	Zip+4	End date		